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Bib Data Sheet

|  |   |                               |   |   |
|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/594,102   | <b>FILING DATE</b><br>06/14/2000<br><b>RULE</b> -   | <b>CLASS</b><br>455           | <b>GROUP ART UNIT</b><br>2745   | <b>ATTORNEY DOCKET NO.</b><br>YOR9-2000-0273<br>(1963-4981) |
| <b>APPLICANTS</b><br>Paul Andrew Moskowitz, Yorktown Heights, NY ;<br>Anthony Levas, Yorktown Heights, NY ;<br>Stephen J. Boies, Mahopac, NY ;<br>Samuel Dinkin, Austin, TX ;<br>Philip Shi-Lung Yu, Chappaqua, NY ;   |   |                               |   |   |
| <b>** CONTINUING DATA *****</b>  |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/03/2000</b>   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>38                                   |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>6                              |
| <b>ADDRESS</b><br>Mark J Abate<br>Morgan & Finnegan LLP<br>345 Park Avenue<br>New York ,NY 10154   |   |                               |   |   |
| <b>TITLE</b><br>System and method for providing directions   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1378   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |